Sudden Unexpected Infant Death

Understanding Sudden Unexpected Infant Death

Sudden unexpected infant death (SUID) is the death of an infant less than 1 year of age that occurs suddenly and unexpectedly, and whose cause of death is not immediately obvious before investigation.

Most SUIDs are reported as one of three types:

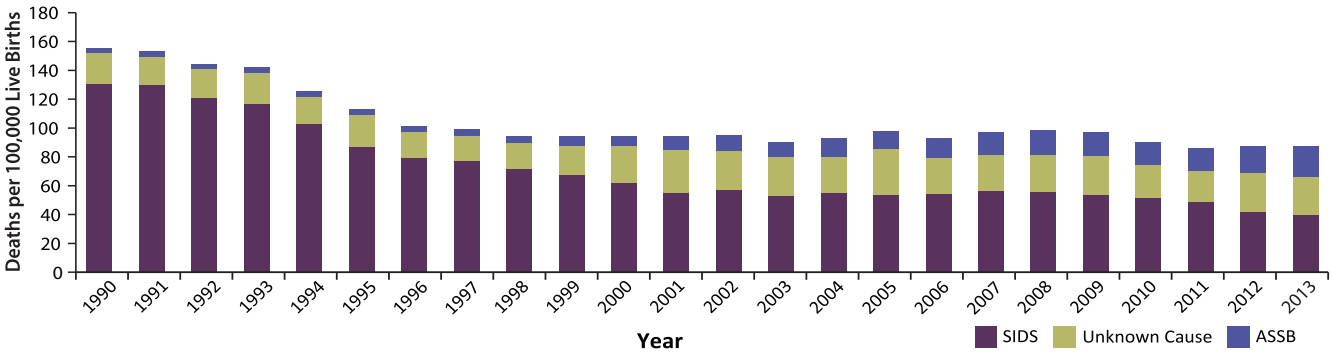
- Sudden Infant Death Syndrome (SIDS)
- Unknown Cause
- Accidental Suffocation and Strangulation in Bed (ASSB)

In 2013, 3,434 U.S. infants died SUDDENLY AND UNEXPECTEDLY

Problem

Different practices in the investigation and reporting of SUIDs affect the ability to consistently and accurately monitor trends and associated characteristics. The graph below shows how the proportion of SUID deaths attributed to SIDS, unknown cause and ASSB have changed over time by type in the United States.

SUID Rate Over Time by Type, United States, 1990-2013



- SUIDs (SIDS, unknown causes, and ASSB) declined during the 1990s and decreased again slightly beginning in 2009.
- Since about 2000, there has been a shift in the types of SUID reported. Deaths reported as unknown cause and ASSB have increased and deaths reported as SIDS have decreased. The cause for the shift is unknown, but could be due to stricter adherence to SIDS definitions by death certifiers, the availability of more complete death scene investigation and autopsy data, or the availability of more detailed information on the circumstances surrounding each death resulting from child death reviews.

Source: CDC, NCHS, Compressed Mortality File, cause of death is determined using the following ICD-9 Codes: SIDS (798.0), unknown cause (799.9) and ASSB (E913.0). For 2000-2013, cause of death is determined using the following ICD-10 codes: SIDS (R95), unknown cause (R99) and ASSB (W75).

National Center for Chronic Disease Prevention and Health Promotion
Division of Reproductive Health

Sudden Unexpected Infant Death Case Registry

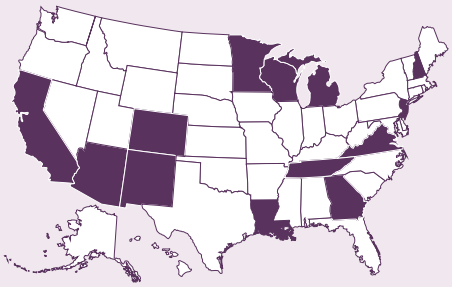
Purpose of the Sudden Unexpected Infant Death (SUID) Case Registry

CDC developed the SUID Case registry to:

- Collect comprehensive population-based data about the circumstances for all SUID cases.
- Improve the completeness and quality of SUID case investigations.
- Monitor SUID trends using standardized definitions.

Jurisdictions Funded to Collect SUID Case Registry Data, 2014

Arizona, Colorado, Louisiana, Michigan, Minnesota, New Jersey, New Mexico, New Hampshire, Wisconsin, city of San Francisco, the Tidewater Region of Virginia, Delaware, Georgia, and Tennessee



Learn more about the SUID Case Registry from CDC's Division of Reproductive Health.

About the Registry

The SUID Case Registry is a population-based, multistate surveillance system developed in partnership with the National Center for the Review and Prevention of Child Death. The Center supports local and state level multidisciplinary child death review (CDR) programs. CDR Teams meet regularly in collaboration with SUID Case Registry grantees and share various data sources to discuss the circumstances for all SUID cases.

SUID Case Registry Process

Through a cooperative agreement, CDC provides technical assistance and resources to state grantees that allow for increased staff and ability to conduct surveillance. SUID Case Registry grantees (i.e., state health departments or their representatives) complete the process below for all SUID cases.

CDR Teams identify SUID cases from medical examiner, coroner, or state vital statistics office.

For each case, multidisciplinary CDR Teams review information from death scene investigations, autopsies, medical records and other medicolegal reports.

CDR Teams identify actionable strategies that may reduce SUID and improve case investigations.

CDR Teams record findings into a web-based reporting system.

CDR Teams analyze the data to monitor SUID trends and risk factors.

CDR Teams use trend and risk factor data to inform strategies and recommendations to reduce future deaths.

SUID Case Registry Activities

CDC and state grantees use the SUID Case Registry surveillance data to:

- Monitor SUID trends and risk factors.
- Modify public health practice for state maternal and child health programs.
- Encourage more consistent medicolegal investigation and reporting practices
- Develop systems improvements and targeted prevention and intervention strategies to reduce risk, such as safe sleep education and promotion.